TRUCKED IN	NDUSTRIAL WASTE H	AULER PERMIT	Γ APPLICATIO)N	Return to:	9192 Topaz Wa	go - Industrial Waste Program y - San Diego, Ca 92123 00 FAX: 858-654-4110
1) Business Name o	of Applicant:			Phone:		Fax:	
2) Contact Person:					Title:		
3) Facility Address:	:						
4) Mailing Address	:						
5) List the tr discharge	rucks/trailers that will be used to wastes.	haul permitted wastew	vater. For tractor/tra	ilers, provide information	ı for the trailer	only. Trucks not li	sted will not be allowed to
	Truck/Trailer Make/Model		Model/ Year Ca	apacity (gallons)	Lice	nse Number	
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covered under one perr	ion: I hereby certify that the information it are not mixed with any other permit ulletin, and I agree to comply with the I	ted or unpermitted wastes. 1	I have received and read b	omplete and accurate to the best both the Trucked Waste Requir	st of my knowledgements & Proced	ge. I agree to provide a ures and the Departmen	clean truck such that the wastes t of Health Services' Hazardous
6) Print Name:							
7) Signature:							
TO BE COMPLETE	CD BY THE CITY			ı			
TWRP		AR#		Effective			
RCRA		Approved By		Expires			
Permit Number 25-							